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JUN 12 2002
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 09/646,579 Group Art Unit: 1645
Filing Date: December 27, 2000 Examiner: Fields, I.
Applicant: EBRINGER, Alan Atty. Docket: 78104.039
Title: **DIAGNOSIS OF SPONGIFORM OR DE-MYELINATING DISEASE**

PATENT

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To the Commissioner:

I, the undersigned, hereby revoke all Powers of Attorney previously given in relation to the application referred to above. Please recognize the attorneys listed below as my attorneys in the prosecution of the above identified application with full power to transact all business in the Patent and Trademark Office connected therewith, including full power of substitution, revocation and change of correspondence address:

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22nd May 2002
DAY/MONTH/YEAR

Alan EBRINGER
Alan EBRINGER